



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF REGULATION AND LICENSURE
SECTION FOR LONG TERM CARE REGULATION
INSPECTION REPORT – FIRE ALARM SYSTEM

		FACILITY ID NUMBER	
FACILITY NAME		FACILITY TYPE <input type="checkbox"/> RCF I <input type="checkbox"/> RCF* (II) <input type="checkbox"/> ALF <input type="checkbox"/> ALF** <input type="checkbox"/> ICF <input type="checkbox"/> SNF	
ADDRESS (STREET, CITY, ZIP CODE)			
OWNER		ADMINISTRATOR	
MANUFACTURER OF FIRE ALARM SYSTEM		LOCATION AND SPACING OF SMOKE DETECTORS	
	YES	NO	
DIRECT CONNECTION TO A FIRE DEPARTMENT	<input type="checkbox"/>	<input type="checkbox"/>	
PULL STATIONS AT EXIT	<input type="checkbox"/>	<input type="checkbox"/>	
PULL STATIONS AT NURSING STATION	<input type="checkbox"/>	<input type="checkbox"/>	
EMERGENCY POWER SUPPLY IN OPERATING CONDITION	<input type="checkbox"/>	<input type="checkbox"/>	
FIRE ALARM SYSTEM IN PROPER OPERATING CONDITION	<input type="checkbox"/>	<input type="checkbox"/>	
SPRINKLER FLOW SWITCH IN PROPER OPERATING CONDITION	<input type="checkbox"/>	<input type="checkbox"/>	
KITCHEN RANGE HOOD EXTINGUISHER CONNECTED TO THE FIRE ALARM SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>	
SMOKE DETECTORS ARE INSTALLED AND MAINTAINED IN PROPER OPERATING CONDITION, INCLUDING REQUIRED DETECTOR SENSITIVITY TESTS	<input type="checkbox"/>	<input type="checkbox"/>	
TYPE OF DETECTORS	<input type="checkbox"/> HEAT	<input type="checkbox"/> SMOKE	<input type="checkbox"/> BOTH
REMARKS			
THIS IS TO CERTIFY THAT I, THE UNDERSIGNED, A FIRE ALARM SYSTEM REPRESENTATIVE, HAVE MADE AN INSPECTION OF THE FIRE ALARM SYSTEM IN THE ABOVE-NAMED FACILITY, AND THAT THE FIRE ALARM SYSTEM <input type="checkbox"/> IS <input type="checkbox"/> IS NOT IN PROPER WORKING CONDITION AND HAS BEEN PROPERLY INSTALLED.			
FIRE ALARM SYSTEM REPRESENTATIVE SIGNATURE & TITLE		NAME OF COMPANY	TELEPHONE NUMBER
ADDRESS (STREET, CITY, ZIP CODE)			DATE
RETURN TO:	MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES DIVISION OF REGULATION AND LICENSURE SECTION FOR LONG TERM CARE REGULATION REGION		
	ADDRESS		
	CITY, STATE, ZIP CODE		